

KDHE Data Field Review

| Vairabl e Number | Required for submission from the board | Minimum Dataset Variable Name | Minimum Dataset Descriptions | Board of Healing Arts Variables | Behavioral Science Regulatory Board Variables | Dental Board Variables | Emergency Medical Services Variables | KDHE Nursing Facility Administr ators Variables | KDHE Audiologist Variables | KDHE CMA Variables | KDHE CAN Variables | KDHE Dietitian Variables |
|------------------------|--|-------------------------------------|---|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| | License | | | | | | | | | | | |
| 1 | X | FEDPROID | FEDERAL PROVIDER ID NUMBER (IF APPLICABLE) (FROM KDHE-HOC SURVEY FORM) | | | | | | | | | |
| 2 | X | PFLICN | LICENSE NUMBER | PFLICN | LicNum | LICENSENUM | | Cred# | Cred# | Cred# | Cred# | Cred# |
| 3 | X | PFLICS | LICENSE STATUS | TYPE | | STATUS | | | | | | |
| 4 | X | PFOLDT | ORIG LICENSE DATE | PFOLDT | LicIssueDate | DATEOFLICE | InitCertDate | Issue Date | Issue Date | Issue Date | Issue Date | Issue Date |
| 5 | X | RNASDATE | RENEWAL APPLICATION SIGNED DATE | | | | | | | | | |
| 6 | X | PFEXDT | LICENSE EXPIR DATE | PFEXDT | LicExpDate | | EXPIRE DATE | Exp Date | Exp Date | Exp Date | Exp Date | Exp Date |
| 7 | X | PFDTEC | DATE LICENSE CANCELLED | | | | | | | | | |
| 8 | X | PFLSTR | LAST RENEWAL DATE | PFLSTR | LicRenewDate | RENEWDATE | | | | | | |
| 9 | X | KLICMETH | LICENSE METHOD (NURSING ONLY) | | | | | | | | | |
| 10 | X | PFLICTYP | (LICENSE TYPE) | | LicType | | | Cred Type | Cred Type | Cred Type | Cred Type | Cred Type |
| | Demographics | | | | | | | | | | | |
| 11 | X | PFDTOB | DATE OF BIRTH | PFDTOB | DOB | BIRTHDATE | DOB | DOB | DOB | DOB | DOB | DOB |
| 12 | X | PFPLOB | PLACE OF BIRTH | PFPLOB | | | | | | | | |
| 13 | X | KSEX | GENDER | Gender | Gender | GENDER | Gender | Gender | Gender | Gender | Gender | Gender |
| 14 | X | KLNGENG | LANG ENGLISH | EnglishLang | KLNGENG | | | | | | | |
| 15 | X | KLNGSPN | LANG SPANISH | SpanishLang | KLNGSPN | | | | | | | |
| 16 | X | KLNGCHIN | LANG CHINESE | | | | | | | | | |
| 17 | X | KLNGFREN | LANG FRENCH | | | | | | | | | |
| 18 | X | KLNGGERM | LANG GERMAN | | | | | | | | | |
| 19 | X | KLNGTAGA | LANG TAGALOG | | | | | | | | | |
| 20 | X | KLNGVIET | LANG VIETNAMESE | | | | | | | | | |
| 21 | X | KLNGARAB | LANG ARABIC | | | | | | | | | |
| 22 | X | KLNGHIND | LANG HINDI | | | | | | | | | |
| 23 | X | KLNGPILI | LANG PILIPINO | | | | | | | | | |
| 24 | X | KLNGURDU | LANG URDU | | | | | | | | | |
| 25 | X | KLNGSIGN | LANG SIGN | SignLang | KLNGSIGN | | | | | | | |
| 26 | X | KLNGOTH | LANG OTHER | OtherLang | KLNGOTH | | | | | | | |
| 27 | X | KLNGSPC | LANG SPECIFY | OtherLangSpecify | KLNGSPC | | | | | | | |
| 28 | X | KRACEW | RACE WHITE | Race | KRACEW | RACE | | Race | Race | Race | Race | Race |
| 29 | X | KRACEB | RACE BLACK OR AFRICAN AMERICAN | Race | KRACEB | RACE | | Race | Race | Race | Race | Race |
| 30 | X | KRACEN | RACE AMERICAN INDIAN OR ALASKA NATIVE | Race | KRACEN | RACE | | Race | Race | Race | Race | Race |
| 31 | X | KRACEA | RACE ASIAN | Race | | RACE | | Race | Race | Race | Race | Race |
| 32 | X | KRACEHPI | RACE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | Race | KRACEAPI | RACE | | Race | Race | Race | Race | Race |
| 33 | X | KHISPANY | ETHNICITY HISPANIC OR LATINO | OKHISPAN | KHISPAN | | | | | | | |
| 34 | X | KHISPANN | ETHNICITY NOT HISPANIC OR LATINO | OKHISPAN | KHISPAN | | | | | | | |
| 35 | X | KRACEO | RACE OTHER | OtherRace | KRACEO | RACE | | | | | | |

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|------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| 36 | X | KRACESPC | RACE SPECIFY | | KRACSPC | | | | | | | |
| 37 | X | PFUSRY | US RESIDENT OR CITIZEN (Y) | PermUSCIt | KPERMUS | | | | | | | |
| 38 | X | PFUSRN | US RESIDENT OR CITIZEN (N) | PermUSCIt | KPERMUS | | | | | | | |
| 39 | X | RETIREY | RETIRING IN THE NEXT FIVE YEARS YES | | | | | | | | | |
| 40 | X | RETIREN | RETIRING IN THE NEXT FIVE YEARS NO | | | | | | | | | |
| | ESRVHP | | | | | | | | | | | |
| 41 | X | DISOOSTE | DISASTER ASSISTANCE OUT OF STATE | Out State | | | | | | | | |
| 42 | X | DISW75M | DISASTER ASSISTANCE WITHIN 75 MILES | In 75Miles | | | | | | | | |
| 43 | X | DISWCNTY | DISASTER ASSISTANCE WITHIN COUNTY | IN County | | | | | | | | |
| 44 | X | DISWSTE | DISASTER ASSISTANCE WITHIN STATE | In State | | | | | | | | |
| | Person | | | | | | | | | | | |
| 45 | X | PFNMEF | FIRST NAME | PFNMEF | FirstName | FIRSTNAME | FirstName | FirstName | FirstName | FirstName | FirstName | FirstName |
| 46 | X | PFNMEI | MIDDLE INITIAL | PFNMEI | MiddleName | MIDDLENAME | MI | MiddleName | MiddleName | MiddleName | MiddleName | MiddleName |
| 47 | X | PFNMEL | LAST NAME | PFNMEL | LastName | LASTNAME | LastName | LastName | LastName | LastName | LastName | LastName |
| 48 | X | PFNMES | NAME SUFFIX | | | | | | | | | |
| 49 | X | CREDENT | PROFESSIONAL DESIGNATION | | LicType | | | | | | | |
| | Residents | | | | | | | | | | | |
| 50 | X | KRESPGMN | RESIDENCE PROGRAM NO (X) | | | | | | | | | |
| 51 | X | KRESPGMY | RESIDENCE PROGRAM YES (X) | | | | | | | | | |
| 52 | X | KRESINST | RESIDENCE INSTITUTION | | | | | | | | | |
| 53 | X | KRESCITY | RESIDENCE CITY | | | | | | | | | |
| 54 | X | KRESSTE | RESIDENCE STATE | | | | | | | | | |
| 55 | X | KRESZIP | RESIDENCE ZIP | | | | | | | | | |
| 56 | X | KRESZ 4 | RESIDENCE ZIP EXTENSION | | | | | | | | | |
| 57 | X | KRESKO | RESIDENCE COUNTY | | | | | | | | | |
| | Specialty | | | | | | | | | | | |
| 58 | X | KSC1 | SPECIALIZATION CODE 1 | | | | | | | | | |
| 59 | X | KSC2 | SPECIALIZATION CODE 2 | | | | | | | | | |
| 60 | X | KSC3 | SPECIALIZATION CODE 3 | | | | | | | | | |
| 61 | X | SPNAME1 | SPECIALIZATION NAME 1 | SPEC1 | | | | | | | | |
| 62 | X | SPNAME2 | SPECIALIZATION NAME 2 | SPEC2 | | | | | | | | |
| 63 | X | SPNAME3 | SPECIALIZATION NAME 3 | SPEC3 | | | | | | | | |
| 64 | X | SPECOTH1 | OTHER SPECIALIZATION NAME 1 | | | | | | | | | |
| 65 | X | SPECOTH2 | OTHER SPECIALIZATION NAME 2 | | | | | | | | | |
| 66 | X | SPECOTH3 | OTHER SPECIALIZATION NAME 3 | | | | | | | | | |
| 67 | X | KBC1N | BOARD CERTIFIED SPEC 1 NO (X) | BOCCert1 | | | | | | | | |
| 68 | X | KBC1Y | BOARD CERTIFIED SPEC 1 YES (X) | BOCCert1 | | | | | | | | |
| 69 | X | KBC2N | BOARD CERTIFIED SPEC 2 NO (X) | BOCCert2 | | | | | | | | |
| 70 | X | KBC2Y | BOARD CERTIFIED SPEC 2 YES (X) | BOCCert2 | | | | | | | | |

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|------------------------|--|-------------------------------------|---|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| 71 | X | KBC3N | BOARD CERTIFIED SPEC 3 NO (X) | BOC Cert3 | | | | | | | | |
| 72 | X | KBC3Y | BOARD CERTIFIED SPEC 3 YES (X) | BOC Cert3 | | | | | | | | |
| | Education | | | | | | | | | | | |
| 73 | X | PFSCHM | SCHOOL DESCRIPTION (NAME) | PFSCHM | | SCHOOLCODE | | | | | | |
| 74 | X | PFSCHOOL | SCHOOL CODE | SCHOOLCODE | FirstOfCollege | | | | | | | |
| 75 | X | DEGREE | COLLEGE DEGREE | | | DEGREE | | | | | | |
| 76 | X | PFDEGD | DEGREE DATE | PFDEGD | | GRADDATE | | | | | | |
| 77 | X | EDLEVELH | EDUCATION LEVEL-HIGHEST | | | | EDUC LVL | | | | | |
| 78 | X | ISCHOOLY | GRADUATE OF AN INTERNATIONAL SCHOOL (YES) | OKF SGRAD | KFSGRAD | | | | | | | |
| 79 | X | ISCHOOLN | GRADUATE OF AN INTERNATIONAL SCHOOL (NO) | OKF SGRAD | KFSGRAD | | | | | | | |
| | Mailing | | | | | | | | | | | |
| 80 | X | ADRESP | MAIL ADD TYPE (PROF OR HOME) | ADRES | | CONTACTTYP | | | | | | |
| 81 | X | ADORG | MAIL ORGANIZATION NAME | | | | | | | | | |
| 82 | X | ADLNE1 | MAIL ADDRESS 1 | ADLNE1 | Address1 | ADDRESS1 | Address1 | Address | Address | Address | Address | Address |
| 83 | X | ADLNE2 | MAIL ADDRESS 2 | ADLNE2 | | ADDRESS2 | | | | | | |
| 84 | X | ADCITY | MAIL CITY | ADCITY | City | CITY | City | City | City | City | City | City |
| 85 | X | ADCNTY | MAIL COUNTY | ADCNTY | | COUNTY | County | Cty | Cty | Cty | Cty | Cty |
| 86 | X | ADSTE | MAIL STATE | ADSTE | State | STATE | State | State | State | State | State | State |
| 87 | X | ADZIPC | MAIL ZIPCODE | ADZIPC | Zip | ZIP | Zip | Zip | Zip | Zip | Zip | Zip |
| 88 | X | ADZIPC 4 | | | | | | | | | | |
| 89 | X | ADCTRY | MAIL COUNTRY | ADCTRY | | | | | | | | |
| 90 | X | ADPHNE | MAIL PHONE | ADPHNE | | DAYPHONE | HomePhone | | | | | |
| | Practice General | | | | | | | | | | | |
| 91 | X | DPCHRS | WEEK | | KTOTKSHRS | WHR TOTAL | | | | | | |
| 92 | X | KDPCAREY | KANSAS DIRECT PATIENT CARE (Y) | | | | | | | | | |
| 93 | X | KDPCAREN | KANSAS DIRECT PATIENT CARE (N) | | | | | | | | | |
| 94 | X | ADMINHRS | HOURS IN ADMINISTRATION IN A TYPICAL WEEK | | | WHR ADMIN | | | | | | |
| 95 | X | RESEAHRS | HOURS IN RESEARCH IN A TYPICAL WEEK | | | WHR RESEAR | | | | | | |
| 96 | X | TEACHHRS | HOURS IN TEACHING IN A TYPICAL WEEK | | | WHR TEACH | | | | | | |
| 97 | X | OTHHRS | HOURS IN OTHER IN A TYPICAL WEEK | | | WHR OTHER | | | | | | |
| | Practice 1 | | | | | | | | | | | |
| 98 | X | KORGPS1 | PRACTICE SITE 1 ORGANIZATION NAME | P1 NAME | | | | | | | | |
| 99 | X | KLN1PS1 | PRACTICE SITE 1 ADDRESS 1 | P1ADLNE1 | KLN1PS | ADDRESS1 | | | | | | |
| 100 | X | KLN2PS1 | PRACTICE SITE 1 ADDRESS 2 | P1ADLNE2 | KLN2PS | ADDRESS2 | | | | | | |
| 101 | X | KPSCITY1 | PRACTICE SITE 1 CITY | P1ADCITY | KPSCITY | CITY | | | | | | |
| 102 | X | KPSSTE1 | PRACTICE SITE 1 STATE | P1ADSTE | KPSSTATE | STATE | | | | | | |
| 103 | X | KPSZIP1 | PRACTICE SITE 1 ZIP | P1ADZIPC | | | | | | | | |
| 104 | X | KPSZ1 4 | PRACTICE SITE 1 ZIP EXTENSION | | KPSZIP | ZIP | | | | | | |
| 105 | X | KPSCNTY1 | PRACTICE SITE 1 COUNTY | P1ADCNTY | | COUNTY | | | | | | |

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|------------------------|--|-------------------------------------|---|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| 106 | X | KPSCTRY1 | PRACTICE SITE 1 COUNTRY | P1ADCTRY | | | | | | | | |
| 107 | X | KPSPH1 | PRACTICE SITE 1 PHONE | P1ADPHNE | KPSPH | DAYPHONE | WorkPhone | | | | | |
| 108 | X | KPSFAX1 | PRACTICE SITE 1 FAX | P1FAX | KPSFAX | | | | | | | |
| 109 | X | KPS1EMAL | PRACTICE SITE 1 EMAIL ADDRESS | P1EMAIL | | | | | | | | |
| 110 | X | KSPNMEF1 | RESPONSIBLE PHYSICIAN FIRST NAME 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPFIR | | | | | | | | |
| 111 | X | KSPNMEL1 | RESPONSIBLE PHYSICIAN LAST NAME 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPLAST | | | | | | | | |
| 112 | X | KSUPOFF1 | RESPONSIBLE PHYSICIAN OFFICE 1 (FOR PHYSICIAN ASSISTANT AN ARNPS) | | | | | | | | | |
| 113 | X | KLN1SUP1 | RESPONSIBLE PHYSICIAN ADDRESS 1-LINE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPL1 | | | | | | | | |
| 114 | X | KLN2SUP1 | RESPONSIBLE PHYSICIAN ADDRESS 1-LINE 2 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPL2 | | | | | | | | |
| 115 | X | KSPCITY1 | RESPONSIBLE PHYSICIAN CITY 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPCIT | | | | | | | | |
| 116 | X | KSUPSTE1 | RESPONSIBLE PHYSICIAN STATE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPST | | | | | | | | |
| 117 | X | KSUPZIP1 | RESPONSIBLE PHYSICIAN ZIP 1 (FOR PHYSICIAN ASSISTANT AND ARNPS)-5 | OM1SUPZIP | | | | | | | | |
| 118 | X | KSUPZ1 4 | RESPONSIBLE PHYSICIAN ZIP 1 (FOR PHYSICIAN ASSISTANT AND ARNPS)-4 | | | | | | | | | |
| 119 | X | KSUPCTY1 | RESPONSIBLE PHYSICIAN COUNTY 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | OM1SUPCNT | | | | | | | | |
| 120 | X | KSUPPCT1 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | | | | | |
| 121 | X | KPSTYPE1 | PRACTICE SITE 1 TYPE | | KPSTYPE | | | | | | | |
| 122 | X | KPTYOTH1 | PRACTICE SITE 1 OTHER | OtherSetting1 | KPSTYOTH | | | | | | | |
| 123 | X | KPATSEE1 | PATIENTS SEEN PER WEEK SITE 1 | NoPatWeek1 | KPATYSEE | | | | | | | |
| 124 | X | KHRSPS1 | PRACTICE SITE 1 HOURS | NoHrsdircare1 | KHRSPS | HRSPERWEEK | | | | | | |
| 125 | X | KWKPYR1 | PRACTICE SITE 1 WKS PER YR | NoWksYear1 | WKSyr1 | WKSPERYEAR | | | | | | |
| 126 | X | KPCT1PS1 | PRACTICE SITE 1 % SPECIALTY 1 | PercentDirPatCare1_1 | | | | | | | | |
| 127 | X | KPCT2PS1 | PRACTICE SITE 1 % SPECIALTY 2 | PercentDirPatCare1_2 | | | | | | | | |
| 128 | X | KPCT3PS1 | PRACTICE SITE 1 % SPECIALTY 3 | PercentDirPatCare1_3 | | | | | | | | |
| 129 | X | KPCTMH1 | PRACTICE SITE 1 % MENTAL HEALTH | | KPCTMH1 | | | | | | | |
| 130 | X | KPCTMEDICAIDPS | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 1 | | | | | | | | | |

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|-----------------|--|-------------------------------|--|---------------------------------|---|------------------------|--------------------------------------|--|----------------------------|--------------------|--------------------|--------------------------|
| 131 | X | KPCTSLIDEFEEPS | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 1 | | | | | | | | | |
| 132 | X | DENTAUXPS1 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 1 | | | | | | | | | |
| 133 | X | NEWPATPS1Y | NEW PATIENTS AT SITE 1 YES | | | | | | | | | |
| 134 | X | NEWPATPS1N | NEW PATIENTS AT SITE 1 NO | | | | | | | | | |
| 135 | X | WAITHRSPS1 | WAIT HOURS AT SITE 1 | | | | | | | | | |
| 136 | Practice 2 | | | | | | | | | | | |
| 137 | X | KORGPS2 | PRACTICE SITE 2 ORGANIZATION NAME | P2NAME | | | | | | | | |
| 138 | X | KLN1PS2 | PRACTICE SITE 2 ADDRESS 1 | P2ADLNE1 | KLN1PS01 | ADDRESS1 | | | | | | |
| 139 | X | KLN2PS2 | PRACTICE SITE 2 ADDRESS 2 | P2ADLNE2 | KLN2PS01 | ADDRESS2 | | | | | | |
| 140 | X | KPSCITY2 | PRACTICE SITE 2 CITY | P2ADCITY | KPSCITY01 | CITY | | | | | | |
| 141 | X | KPSSTE2 | PRACTICE SITE 2 STATE | P2ADSTE | KPSSTATE01 | STATE | | | | | | |
| 142 | X | KPSZIP2 | PRACTICE SITE 2 ZIP | P2ADZIPC | | ZIP | | | | | | |
| 143 | X | KPSZ2 4 | PRACTICE SITE 2 ZIP EXTENSION | | KPSZIP01 | | | | | | | |
| 144 | X | KPSCNTY2 | PRACTICE SITE 2 COUNTY | P2ADCNTY | | COUNTY | | | | | | |
| 145 | X | KPSCTRY2 | PRACTICE SITE 2 COUNTRY | P2ADCTRY | | | | | | | | |
| 146 | X | KPSPH2 | PRACTICE SITE 2 PHONE | P2ADPHNE | KPSPH01 | DAYPHONE | | | | | | |
| 147 | X | KPSFAX2 | PRACTICE SITE 2 FAX | P2FAX | KPSFAX01 | | | | | | | |
| 148 | X | KPS2EMAL | PRACTICE SITE 2 EMAIL ADDRESS | P2EMAIL | | | | | | | | |
| 149 | X | KSPNMEF2 | RESPONSIBLE PHYSICIAN FIRST NAME 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPFIR | | | | | | | | |
| 150 | X | KSPNMEL2 | RESPONSIBLE PHYSICIAN LAST NAME 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPLAST | | | | | | | | |
| 151 | X | KSUPOFF2 | RESPONSIBLE PHYSICIAN OFFICE 2 (FOR PHYSICIAN ASSISTANT) | | | | | | | | | |
| 152 | X | KLN1SUP2 | RESPONSIBLE PHYSICIAN ADDRESS 2-LINE 1 (FOR PHYSICIAN ASSISTANT) | OM2SUPL1 | | | | | | | | |
| 153 | X | KLN2SUP2 | RESPONSIBLE PHYSICIAN ADDRESS 2-LINE 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPL2 | | | | | | | | |
| 154 | X | KSPCITY2 | RESPONSIBLE PHYSICIAN CITY 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPCIT | | | | | | | | |
| 155 | X | KSUPSTE2 | RESPONSIBLE PHYSICIAN STATE 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPST | | | | | | | | |
| 156 | X | KSUPZIP2 | RESPONSIBLE PHYSICIAN ZIP 2 (FOR PHYSICIAN ASSISTANT)-5 | OM2SUPZIP | | | | | | | | |
| 157 | X | KSUPZ2 4 | RESPONSIBLE PHYSICIAN ZIP 2 (FOR PHYSICIAN ASSISTANT)-4 | | | | | | | | | |

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|------------------------|--|-------------------------------------|---|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| 158 | X | KSUPCTY2 | RESPONSIBLE PHYSICIAN COUNTY 2 (FOR PHYSICIAN ASSISTANT) | OM2SUPCNT | | | | | | | | |
| 159 | X | KSUPPCT2 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 2 (FOR PHYSICIAN ASSISTANT) | | | | | | | | | |
| 160 | X | KPSTYPE2 | PRACTICE SITE 2 TYPE | | KPSTYPE01 | | | | | | | |
| 161 | X | KPTYOTH2 | PRACTICE SITE 2 OTHER | OtherSetting2 | KPSTYOTH01 | | | | | | | |
| 162 | X | KPATSEE2 | PATIENTS SEEN PER WEEK SITE 2 | NoPatWeek2 | KPATYSEE01 | | | | | | | |
| 163 | X | KHRSPS2 | PRACTICE SITE 2 HOURS | NoHrsdircare2 | KHRSPS01 | HRSPEERWEEK | | | | | | |
| 164 | X | KWKPYR2 | PRACTICE SITE 2 WKS PER YR | NoWksYear2 | WKSYP2 | WKSPERYEAR | | | | | | |
| 165 | X | KPCT1PS2 | PRACTICE SITE 2 % SPECIALTY 1 | PercentDirPatCare2_1 | | | | | | | | |
| 166 | X | KPCT2PS2 | PRACTICE SITE 2 % SPECIALTY 2 | PercentDirPatCare2_2 | | | | | | | | |
| 167 | X | KPCT3PS2 | PRACTICE SITE 2 % SPECIALTY 3 | PercentDirPatCare2_3 | | | | | | | | |
| 168 | X | KPCTMH2 | PRACTICE SITE 2 % MENTAL HEALTH | | KPCTMH2 | | | | | | | |
| 169 | X | KPCTMEDICAIDPS | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2 | | | | | | | | | |
| 170 | X | KPCTSLIDEFEEPS | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2 | | | | | | | | | |
| 171 | X | DENTAUXPS2 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 2 | | | | | | | | | |
| 172 | X | NEWPATPS2N | NEW PATIENTS AT SITE 2 NO | | | | | | | | | |
| 173 | X | WAITHRSPS2 | WAIT HOURS AT SITE 2 | | | | | | | | | |
| | Practice 3 | | | | | | | | | | | |
| 174 | X | KORGPS3 | PRACTICE SITE 3 ORGANIZATION NAME | P3NAME | | | | | | | | |
| 175 | X | KLN1PS3 | PRACTICE SITE 3 ADDRESS 1 | P3ADLNE1 | KLN1PS02 | ADDRESS1 | | | | | | |
| 176 | X | KLN2PS3 | PRACTICE SITE 3 ADDRESS 2 | P3ADLNE2 | KLN2PS02 | ADDRESS2 | | | | | | |
| 177 | X | KPSCITY3 | PRACTICE SITE 3 CITY | P3ADCITY | KPSCITY02 | CITY | | | | | | |
| 178 | X | KPSSTE3 | PRACTICE SITE 3 STATE | P3ADSTE | KPSSTATE02 | STATE | | | | | | |
| 179 | X | KPSZIP3 | PRACTICE SITE 3 ZIP | P3ADZIPC | KPSZIP02 | ZIP | | | | | | |
| 180 | X | KPSZ3 4 | PRACTICE SITE 3 ZIP EXTENSION | | | | | | | | | |
| 181 | X | KPSCNTY3 | PRACTICE SITE 3 COUNTY | P3ADCNTY | | COUNTY | | | | | | |
| 182 | X | KPSCTRY3 | PRACTICE SITE 3 COUNTRY | P3ADCTRY | | | | | | | | |
| 183 | X | KPSPH3 | PRACTICE SITE 3 PHONE | P3ADPHNE | KPSPH02 | DAYPHONE | | | | | | |
| 184 | X | KPSFAX3 | PRACTICE SITE 3 FAX | P3FAX | KPSFAX02 | | | | | | | |
| 185 | X | KPS3EMAL | PRACTICE SITE 3 EMAIL ADDRESS | P3EMAIL | | | | | | | | |
| 186 | X | KSPNMEF3 | RESPONSIBLE PHYSICIAN FIRST NAME 3 (FOR PHYSICIAN ASSISTANT) | OM3SUPFIR | | | | | | | | |
| 187 | X | KSPNMEL3 | RESPONSIBLE PHYSICIAN LAST NAME 3 (FOR PHYSICIAN ASSISTANT) | OM3SUPLAST | | | | | | | | |

KDHE Data Field Review

| Vairabl e Number | Required for submission from the board | Minimum Dataset Variable Name | Minimum Dataset Descriptions | Board of Healing Arts Variables | Behavioral Science Regulatory Board Variables | Dental Board Variables | Emergency Medical Services Variables | KDHE Nursing Facility Administr ators Variables | KDHE Audiologist Variables | KDHE CMA Variables | KDHE CAN Variables | KDHE Dietitian Variables |
|------------------------|--|-------------------------------------|---|------------------------------------|---|---------------------------|---|--|----------------------------------|-----------------------|-----------------------|--------------------------------|
| 188 | X | KSUPOFF3 | RESPONSIBLE PHYSICIAN OFFICE 3 (FOR PHYSICIAN ASSISTANT) | | | | | | | | | |
| 189 | X | KLN1SUP3 | RESPONSIBLE PHYSICIAN ADDRESS 3-LINE 1 (FOR PHYSICIAN ASSISTANT) | OM3SUPL1 | | | | | | | | |
| 190 | X | KLN2SUP3 | RESPONSIBLE PHYSICIAN ADDRESS 3-LINE 2 (FOR PHYSICIAN ASSISTANT) | OM3SUPL2 | | | | | | | | |
| 191 | X | KSPCITY3 | RESPONSIBLE PHYSICIAN CITY 3 (FOR PHYSICIAN ASSISTANT) | OM3SUPCIT | | | | | | | | |
| 192 | X | KSUPSTE3 | RESPONSIBLE PHYSICIAN STATE 3 (FOR PHYSICIAN ASSISTANT) | OM3SUPST | | | | | | | | |
| 193 | X | KSUPZIP3 | RESPONSIBLE PHYSICIAN ZIP 3 (FOR PHYSICIAN ASSISTANT)-5 | OM3SUPZIP | | | | | | | | |
| 194 | X | KSUPZ3 4 | RESPONSIBLE PHYSICIAN ZIP 3 (FOR PHYSICIAN ASSISTANT)-4 | | | | | | | | | |
| 195 | X | KSUPCTY3 | RESPONSIBLE PHYSICIAN COUNTY 3 (FOR PHYSICIAN ASSISTANT) | OM3SUPCNT | | | | | | | | |
| 196 | X | KSUPPCT3 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 3 (FOR PHYSICIAN ASSISTANT) | | | | | | | | | |
| 197 | X | KPSTYPE3 | PRACTICE SITE 3 TYPE | | KPSTYPE02 | | | | | | | |
| 198 | X | KPTYOTH3 | PRACTICE SITE 3 OTHER | OtherSetting3 | KPSTYOTH02 | | | | | | | |
| 199 | X | KPATSEE3 | PATIENTS SEEN PER WEEK SITE 3 | NoPatWeek3 | KPATYSEE02 | | | | | | | |
| 200 | X | KHRSPS3 | PRACTICE SITE 3 HOURS | NoHrsdircare3 | KHRSPS02 | HRSPERWEEK | | | | | | |
| 201 | X | KWKPYR3 | PRACTICE SITE 3 WKS PER YR | NoWksYear3 | WKSYR3 | WKSPERYEAR | | | | | | |
| 202 | X | KPCT1PS3 | PRACTICE SITE 3 % SPECIALTY 1 | PercentDirPatCare3_1 | | | | | | | | |
| 203 | X | KPCT2PS3 | PRACTICE SITE 3 % SPECIALTY 2 | PercentDirPatCare3_2 | | | | | | | | |
| 204 | X | KPCT3PS3 | PRACTICE SITE 3 % SPECIALTY 3 | PercentDirPatCare3_3 | | | | | | | | |
| 205 | X | KPCTMH3 | PRACTICE SITE 3 % MENTAL HEALTH | | KPCTMH3 | | | | | | | |
| 206 | X | KPCTMEDICAIDPS | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3 | | | | | | | | | |
| 207 | X | KPCTSLIDEFEEPS | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 3 | | | | | | | | | |
| 208 | X | DENTAUXPS3 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 3 | | | | | | | | | |
| 209 | X | NEWPATPS3N | NEW PATIENTS AT SITE 3 NO | | | | | | | | | |
| 210 | X | WAITHRSPS3 | WAIT HOURS AT SITE 3 | | | | | | | | | |
| | | Practice Other | | | | | | | | | | |
| 211 | X | KADDPS | NUMBER OF ADDITIONAL PRAC SITES | OKNMADPRST | KNMADPRST | | | | | | | |
| 212 | X | KADDHRS | HRS IN ADD PRACTICE SITES | OKOTHDPCHR | KOTHDPCHRS | | | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|---|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| | | | | | | |
| FEDPROID | FEDERAL PROVIDER ID NUMBER (IF APPLICABLE) (FROM KDHE-HOC SURVEY FORM) | | | | UPIN | |
| PFLICN | LICENSE NUMBER | Cred# | Cred# | CRED. | LicenseNo | license no |
| PFLICS | LICENSE STATUS | | | STATUS | LicenseStatus | license status |
| PFOLDT | ORIG LICENSE DATE | Issue Date | Issue Date | | InitialLicDate | issue date |
| RNASDATE | RENEWAL APPLICATION SIGNED DATE | | | | | |
| PFEEDT | LICENSE EXPIR DATE | Exp Date | Exp Date | EXP DT | LicExpires | expiration date |
| PFDTEC | DATE LICENSE CANCELLED | | | | InactiveDate | |
| PFLSTR | LAST RENEWAL DATE | | | | | date last renewal |
| KLICMETH | LICENSE METHOD (NURSING ONLY) | | | | Exam/Reciprocal | obtained type |
| PFLICTYP | (LICENSE TYPE) | Cred Type | Cred Type | PROFESSION | LicType | license type |
| | | | | | | |
| PFDTOB | DATE OF BIRTH | DOB | DOB | DOB | DOB | date of birth |
| PFPLOB | PLACE OF BIRTH | | | POB | | |
| KSEX | GENDER | Gender | Gender | SEX | | gender |
| KLNGENG | LANG ENGLISH | | | | | |
| KLNGSPN | LANG SPANISH | | | | | |
| KLNGCHIN | LANG CHINESE | | | | | |
| KLNGFREN | LANG FRENCH | | | | | |
| KLNGGERM | LANG GERMAN | | | | | |
| KLNGTAGA | LANG TAGALOG | | | | | |
| KLNGVIET | LANG VIETNAMESE | | | | | |
| KLNGARAB | LANG ARABIC | | | | | |
| KLNGHIND | LANG HINDI | | | | | |
| KLNGPILI | LANG PILIPINO | | | | | |
| KLNGURDU | LANG URDU | | | | | |
| KLNGSIGN | LANG SIGN | | | | | |
| KLNGOTH | LANG OTHER | | | | | |
| KLNGSPC | LANG SPECIFY | | | | | |
| KRACEW | RACE WHITE | Race | Race | | | |
| KRACEB | RACE BLACK OR AFRICAN AMERICAN | Race | Race | | | |
| KRACEN | RACE AMERICAN INDIAN OR ALASKA NATIVE | Race | Race | | | |
| KRACEA | RACE ASIAN | Race | Race | | | |
| KRACEHPI | RACE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | Race | Race | | | |
| KHISPANY | ETHNICITY HISPANIC OR LATINO | | | | | |
| KHISPANN | ETHNICITY NOT HISPANIC OR LATINO | | | | | |
| KRACEO | RACE OTHER | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|-------------------------------------|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KRACESPC | RACE SPECIFY | | | | | |
| PFUSRY | US RESIDENT OR CITIZEN (Y) | | | CITIZEN | | |
| PFUSRN | US RESIDENT OR CITIZEN (N) | | | CITIZEN | | |
| RETIREY | RETIRING IN THE NEXT FIVE YEARS YES | | | | | |
| RETIREN | RETIRING IN THE NEXT FIVE YEARS NO | | | | | |
| | | | | | | |
| DISOOSTE | DISASTER ASSISTANCE OUT OF STATE | | | | | |
| DISW75M | DISASTER ASSISTANCE WITHIN 75 MILES | | | | | |
| DISWCNTY | DISASTER ASSISTANCE WITHIN COUNTY | | | | | |
| DISWSTE | DISASTER ASSISTANCE WITHIN STATE | | | | | |
| | | | | | | |
| PFNMEF | FIRST NAME | FirstName | FirstName | FNAME | FirstName | first name |
| PFNMEI | MIDDLE INITIAL | MiddleName | MiddleName | MI | MiddleName | middle name |
| PFNMEL | LAST NAME | LastName | LastName | LNAME | LastName | last name |
| PFNMES | NAME SUFFIX | | | SUFFIX | | |
| CREDENT | PROFESSIONAL DESIGNATION | | | | | |
| | | | | | | |
| KRESPGMN | RESIDENCE PROGRAM NO (X) | | | | | |
| KRESPGMY | RESIDENCE PROGRAM YES (X) | | | | | |
| KRESINST | RESIDENCE INSTITUTION | | | | | |
| KRESCITY | RESIDENCE CITY | | | | | |
| KRESSTE | RESIDENCE STATE | | | | | |
| KRESZIP | RESIDENCE ZIP | | | | | |
| KRESZ 4 | RESIDENCE ZIP EXTENSION | | | | | |
| KRESCO | RESIDENCE COUNTY | | | | | |
| | | | | | | |
| KSC1 | SPECIALIZATION CODE 1 | | | | | |
| KSC2 | SPECIALIZATION CODE 2 | | | | | |
| KSC3 | SPECIALIZATION CODE 3 | | | | | |
| SPNAME1 | SPECIALIZATION NAME 1 | | | | | SPECIALTY (SENT TO KHPA) |
| SPNAME2 | SPECIALIZATION NAME 2 | | | | | SPECIALTY (SENT TO KHPA) |
| SPNAME3 | SPECIALIZATION NAME 3 | | | | | SPECIALTY (SENT TO KHPA) |
| SPECOTH1 | OTHER SPECIALIZATION NAME 1 | | | | | |
| SPECOTH2 | OTHER SPECIALIZATION NAME 2 | | | | | |
| SPECOTH3 | OTHER SPECIALIZATION NAME 3 | | | | | |
| KBC1N | BOARD CERTIFIED SPEC 1 NO (X) | | | | | |
| KBC1Y | BOARD CERTIFIED SPEC 1 YES (X) | | | | | |
| KBC2N | BOARD CERTIFIED SPEC 2 NO (X) | | | | | |
| KBC2Y | BOARD CERTIFIED SPEC 2 YES (X) | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|---|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KBC3N | BOARD CERTIFIED SPEC 3 NO (X) | | | | | |
| KBC3Y | BOARD CERTIFIED SPEC 3 YES (X) | | | | | |
| | | | | | | |
| PFSCHM | SCHOOL DESCRIPTION (NAME) | | | | | LCPS C SCHOOLS SCHL NAME (|
| PFSCHOOL | SCHOOL CODE | | | | College | LCPS C SCHOOLS SCHL NAME (|
| DEGREE | COLLEGE DEGREE | | | DEGREE | | DEGREE TYPE (TO KHPA) |
| PFDEGD | DEGREE DATE | | | DATE | GradYear | DATE TO (TO KHPA) |
| EDLEVELH | EDUCATION LEVEL-HIGHEST | | | | | |
| ISCHOOLY | GRADUATE OF AN INTERNATIONAL SCHOOL (YES) | | | | | |
| ISCHOOLN | GRADUATE OF AN INTERNATIONAL SCHOOL (NO) | | | | | |
| | | | | | | |
| ADRESP | MAIL ADD TYPE (PROF OR HOME) | | | | | |
| ADORG | MAIL ORGANIZATION NAME | | | | | |
| ADLNE1 | MAIL ADDRESS 1 | Address | Address | ADDRESS1 | | addr line 1 |
| ADLNE2 | MAIL ADDRESS 2 | | | ADDRESS2 | | addr line 2 |
| ADCITY | MAIL CITY | City | City | CITY | | addr city |
| ADCNTY | MAIL COUNTY | Cty | Cty | | | addr county |
| ADSTE | MAIL STATE | State | State | STATE | | addr state |
| ADZIPC | MAIL ZIPCODE | Zip | Zip | ZIP | | addr zipcode |
| ADZIPC 4 | | | | | | |
| ADCTRY | MAIL COUNTRY | | | | | |
| ADPHNE | MAIL PHONE | | | TELEPHONE | | |
| al | | | | | | |
| DPCHRS | WEEK | | | | | |
| KDPCAREY | KANSAS DIRECT PATIENT CARE (Y) | | | | | |
| KDPCAREN | KANSAS DIRECT PATIENT CARE (N) | | | | | |
| ADMINHRS | HOURS IN ADMINISTRATION IN A TYPICAL WEEK | | | | | |
| RESEAHRS | HOURS IN RESEARCH IN A TYPICAL WEEK | | | | | |
| TEACHHRS | HOURS IN TEACHING IN A TYPICAL WEEK | | | | | |
| OTHHRS | HOURS IN OTHER IN A TYPICAL WEEK | | | | | |
| | | | | | | |
| KORGPS1 | PRACTICE SITE 1 ORGANIZATION NAME | | | BUSINESS | 1PracticeName | |
| KLN1PS1 | PRACTICE SITE 1 ADDRESS 1 | | | | 1Address | |
| KLN2PS1 | PRACTICE SITE 1 ADDRESS 2 | | | | | |
| KPSCITY1 | PRACTICE SITE 1 CITY | | | | 1City | |
| KPSSTE1 | PRACTICE SITE 1 STATE | | | | 1State | |
| KPSZIP1 | PRACTICE SITE 1 ZIP | | | | 1Zip | |
| KPSZ1 4 | PRACTICE SITE 1 ZIP EXTENSION | | | | | |
| KPSCNTY1 | PRACTICE SITE 1 COUNTY | | | | 1County | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|---|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KPSCTRY1 | PRACTICE SITE 1 COUNTRY | | | | | |
| KPSPH1 | PRACTICE SITE 1 PHONE | | | | 1OfficePhone | |
| KPSFAX1 | PRACTICE SITE 1 FAX | | | FAX | 1OfficeFax | |
| KPS1EMAL | PRACTICE SITE 1 EMAIL ADDRESS | | | | EmailAddress | |
| KSPNMEF1 | RESPONSIBLE PHYSICIAN FIRST NAME 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSPNMEL1 | RESPONSIBLE PHYSICIAN LAST NAME 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSUPOFF1 | RESPONSIBLE PHYSICIAN OFFICE 1 (FOR PHYSICIAN ASSISTANT AN ARNPS) | | | | | |
| KLN1SUP1 | RESPONSIBLE PHYSICIAN ADDRESS 1-LINE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KLN2SUP1 | RESPONSIBLE PHYSICIAN ADDRESS 1-LINE 2 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSPCITY1 | RESPONSIBLE PHYSICIAN CITY 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSUPSTE1 | RESPONSIBLE PHYSICIAN STATE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSUPZIP1 | RESPONSIBLE PHYSICIAN ZIP 1 (FOR PHYSICIAN ASSISTANT AND ARNPS)-5 | | | | | |
| KSUPZ1 4 | RESPONSIBLE PHYSICIAN ZIP 1 (FOR PHYSICIAN ASSISTANT AND ARNPS)-4 | | | | | |
| KSUPCTY1 | RESPONSIBLE PHYSICIAN COUNTY 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KSUPPCT1 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 1 (FOR PHYSICIAN ASSISTANT AND ARNPS) | | | | | |
| KPSTYPE1 | PRACTICE SITE 1 TYPE | | | LIC TYP | | |
| KPTYOTH1 | PRACTICE SITE 1 OTHER | | | | | |
| KPATSEE1 | PATIENTS SEEN PER WEEK SITE 1 | | | | | |
| KHRSPS1 | PRACTICE SITE 1 HOURS | | | | 1HrsWk | |
| KWKPYR1 | PRACTICE SITE 1 WKS PER YR | | | | | |
| KPCT1PS1 | PRACTICE SITE 1 % SPECIALTY 1 | | | | | |
| KPCT2PS1 | PRACTICE SITE 1 % SPECIALTY 2 | | | | | |
| KPCT3PS1 | PRACTICE SITE 1 % SPECIALTY 3 | | | | | |
| KPCTMH1 | PRACTICE SITE 1 % MENTAL HEALTH | | | | | |
| KPCTMEDICAIDPS1 | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 1 | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|--|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KPCTSLIDEFEEPS1 | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 1 | | | | | |
| DENTAUXPS1 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 1 | | | | | |
| NEWPATPS1Y | NEW PATIENTS AT SITE 1 YES | | | | | |
| NEWPATPS1N | NEW PATIENTS AT SITE 1 NO | | | | | |
| WAITHRSPS1 | WAIT HOURS AT SITE 1 | | | | | |
| | | | | | | |
| KORGPS2 | PRACTICE SITE 2 ORGANIZATION NAME | | | | 2PracticeName | |
| KLN1PS2 | PRACTICE SITE 2 ADDRESS 1 | | | | 2Address | |
| KLN2PS2 | PRACTICE SITE 2 ADDRESS 2 | | | | | |
| KPSCITY2 | PRACTICE SITE 2 CITY | | | | 2City | |
| KPSSTE2 | PRACTICE SITE 2 STATE | | | | 2State | |
| KPSZIP2 | PRACTICE SITE 2 ZIP | | | | 2Zip | |
| KPSZ2 4 | PRACTICE SITE 2 ZIP EXTENSION | | | | | |
| KPSCNTY2 | PRACTICE SITE 2 COUNTY | | | | 2County | |
| KPSCTRY2 | PRACTICE SITE 2 COUNTRY | | | | | |
| KPSPH2 | PRACTICE SITE 2 PHONE | | | | 2OfficePhone | |
| KPSFAX2 | PRACTICE SITE 2 FAX | | | | 2OfficeFax | |
| KPS2EMAL | PRACTICE SITE 2 EMAIL ADDRESS | | | | | |
| KSPNMEF2 | RESPONSIBLE PHYSICIAN FIRST NAME 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSPNMEL2 | RESPONSIBLE PHYSICIAN LAST NAME 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPOFF2 | RESPONSIBLE PHYSICIAN OFFICE 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KLN1SUP2 | RESPONSIBLE PHYSICIAN ADDRESS 2-LINE 1 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KLN2SUP2 | RESPONSIBLE PHYSICIAN ADDRESS 2-LINE 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSPCITY2 | RESPONSIBLE PHYSICIAN CITY 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPSTE2 | RESPONSIBLE PHYSICIAN STATE 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPZIP2 | RESPONSIBLE PHYSICIAN ZIP 2 (FOR PHYSICIAN ASSISTANT) -5 | | | | | |
| KSUPZ2 4 | RESPONSIBLE PHYSICIAN ZIP 2 (FOR PHYSICIAN ASSISTANT) -4 | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|---|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KSUPCTY2 | RESPONSIBLE PHYSICIAN COUNTY 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPPCT2 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KPSTYPE2 | PRACTICE SITE 2 TYPE | | | | | |
| KPTYOTH2 | PRACTICE SITE 2 OTHER | | | | | |
| KPATSEE2 | PATIENTS SEEN PER WEEK SITE 2 | | | | | |
| KHRSPS2 | PRACTICE SITE 2 HOURS | | | | 2HrsWk | |
| KWKPYR2 | PRACTICE SITE 2 WKS PER YR | | | | | |
| KPCT1PS2 | PRACTICE SITE 2 % SPECIALTY 1 | | | | | |
| KPCT2PS2 | PRACTICE SITE 2 % SPECIALTY 2 | | | | | |
| KPCT3PS2 | PRACTICE SITE 2 % SPECIALTY 3 | | | | | |
| KPCTMH2 | PRACTICE SITE 2 % MENTAL HEALTH | | | | | |
| KPCTMEDICAIDPS | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 2 | | | | | |
| KPCTSLIDEFEEPS | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 2 | | | | | |
| DENTAUXPS2 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 2 | | | | | |
| NEWPATPS2N | NEW PATIENTS AT SITE 2 NO | | | | | |
| WAITHRSPS2 | WAIT HOURS AT SITE 2 | | | | | |
| | | | | | | |
| KORGPS3 | PRACTICE SITE 3 ORGANIZATION NAME | | | | 3PracticeName | |
| KLN1PS3 | PRACTICE SITE 3 ADDRESS 1 | | | | 3Address | |
| KLN2PS3 | PRACTICE SITE 3 ADDRESS 2 | | | | | |
| KPSCITY3 | PRACTICE SITE 3 CITY | | | | 3City | |
| KPSSTE3 | PRACTICE SITE 3 STATE | | | | 3State | |
| KPSZIP3 | PRACTICE SITE 3 ZIP | | | | 3Zip | |
| KPSZ3 4 | PRACTICE SITE 3 ZIP EXTENSION | | | | | |
| KPSCNTY3 | PRACTICE SITE 3 COUNTY | | | | 3County | |
| KPSCTRY3 | PRACTICE SITE 3 COUNTRY | | | | | |
| KPSPH3 | PRACTICE SITE 3 PHONE | | | | 3OfficePhone | |
| KPSFAX3 | PRACTICE SITE 3 FAX | | | | 3OfficeFax | |
| KPS3EMAL | PRACTICE SITE 3 EMAIL ADDRESS | | | | | |
| KSPNMEF3 | RESPONSIBLE PHYSICIAN FIRST NAME 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSPNMEL3 | RESPONSIBLE PHYSICIAN LAST NAME 3 (FOR PHYSICIAN ASSISTANT) | | | | | |

KDHE Data Field Review

| Minimum Dataset Variable Name | Minimum Dataset Descriptions | KDHE HHA Variables | KDHE Speech Pathologist Variables | Board Of Pharmacy Variables | Board of Optometry Variables | Board of Nursing Variables |
|-------------------------------|---|--------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------|
| KSUPOFF3 | RESPONSIBLE PHYSICIAN OFFICE 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KLN1SUP3 | RESPONSIBLE PHYSICIAN ADDRESS 3-LINE 1 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KLN2SUP3 | RESPONSIBLE PHYSICIAN ADDRESS 3-LINE 2 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSPCITY3 | RESPONSIBLE PHYSICIAN CITY 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPSTE3 | RESPONSIBLE PHYSICIAN STATE 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPZIP3 | RESPONSIBLE PHYSICIAN ZIP 3 (FOR PHYSICIAN ASSISTANT)-5 | | | | | |
| KSUPZ3 4 | RESPONSIBLE PHYSICIAN ZIP 3 (FOR PHYSICIAN ASSISTANT)-4 | | | | | |
| KSUPCTY3 | RESPONSIBLE PHYSICIAN COUNTY 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KSUPPCT3 | % OF YOUR PRACTICE TIME SUPERVISING PHYSICIAN IS PRESENT AT PRACTICE SITE 3 (FOR PHYSICIAN ASSISTANT) | | | | | |
| KPSTYPE3 | PRACTICE SITE 3 TYPE | | | | | |
| KPTYOTH3 | PRACTICE SITE 3 OTHER | | | | | |
| KPATSEE3 | PATIENTS SEEN PER WEEK SITE 3 | | | | | |
| KHRSPS3 | PRACTICE SITE 3 HOURS | | | | 3HrsWk | |
| KWKPYR3 | PRACTICE SITE 3 WKS PER YR | | | | | |
| KPCT1PS3 | PRACTICE SITE 3 % SPECIALTY 1 | | | | | |
| KPCT2PS3 | PRACTICE SITE 3 % SPECIALTY 2 | | | | | |
| KPCT3PS3 | PRACTICE SITE 3 % SPECIALTY 3 | | | | | |
| KPCTMH3 | PRACTICE SITE 3 % MENTAL HEALTH | | | | | |
| KPCTMEDICAIDPS | PERCENT OF MEDICAID PATIENTS AT PRACTICE SITE 3 | | | | | |
| KPCTSLIDEFEEPS | PERCENT OF SLIDING FEE PATIENTS AT PRACTICE SITE 3 | | | | | |
| DENTAUXPS3 | DENTAL AUX (HYGIENISTS AND ASSISTANTS) AT PRACTICE SITE 3 | | | | | |
| NEWPATPS3N | NEW PATIENTS AT SITE 3 NO | | | | | |
| WAITHRSPS3 | WAIT HOURS AT SITE 3 | | | | | |
| | | | | | | |
| KADDPS | NUMBER OF ADDITIONAL PRAC SITES | | | | | |
| KADDHRS | HRS IN ADD PRACTICE SITES | | | | | |